



PTO/SB/81 (06-03)

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Application Number	10/664,832
Filing Date	9/17/2003
First Named Inventor	Peter Hochmuth
Title	Goalkeeper's Glove
Art Unit	3711
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Peter Hochmuth		
Signature	<i>Peter Hochmuth</i>		
Date	26.09.03	Telephone	0049 9142-96690

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Serial No. 10/664,832
Goalkeeper's Glove

PTO/SB/01 (08-03)

Approved for use through 07/31/2003. OMB 0651-0032
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 30621 OR <input type="checkbox"/> Correspondence address below			
Name Robert A. Jensen			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Peter		Family Name or Surname Hochmuth	
Inventor's Signature <i>Pete Hochmuth</i>		Date 26.09.03	
Residence: City Treuchtlingen	State	Country Germany	Citizenship German
Mailing Address Weissenburger Str. 19			
City Treuchtlingen	State	ZIP D-91757	Country Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			